

Marie Josebee G052064

Name and Prisoner/Booking Number

Estrella Detention Facility

Place of Confinement

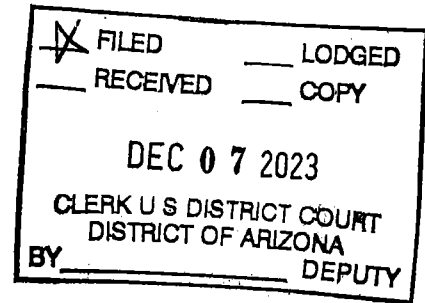
3250 W. Lower Buckeye Road

Mailing Address

Phoenix, AZ 85009

City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)



**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA**

Marie Ann Josebee

(Full Name of Plaintiff)

Plaintiff,

v.

(1) Paul Penzone Et al

(Full Name of Defendant)

(2) Maricopa County Sheriff's Office

(3) Estrella Jail

(4) CHS Medical Services

Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.CASE NO. **CV23-02536-PHX-GMS--JZB**

(To be supplied by the Clerk)

**CIVIL RIGHTS COMPLAINT
BY A PRISONER**

- ☒ Original Complaint
☐ First Amended Complaint
☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983☐ 28 U.S.C. § 1331; *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971).☐ Other: _____2. Institution/city where violation occurred: Estrella Detention Facility
Phoenix, AZ. 85009

3.

B. DEFENDANTS

1. Name of first Defendant: Paul Penzone The first Defendant is employed
as: Maricopa County Sheriff at Estrella Detention Center
(Position and Title) (Institution)
2. Name of second Defendant: MCSO The second Defendant is employed as:
as: Detention Center at Phoenix Arizona
(Position and Title) (Institution)
3. Name of third Defendant: Estrella Jail The third Defendant is employed
as: E at Estrella Jail
(Position and Title) (Institution)
4. Name of fourth Defendant: CHS Medical Services The fourth Defendant is employed
as: Correctional Health Facility at Phoenix, AZ Estrella Jail
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? _____. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION**COUNT I.**

1. State the constitutional or other federal civil right that was violated: 8th Amendment

2. **Count I.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

- | | | | |
|--|---|---|---------------------------------------|
| <input checked="" type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

visible infestation & colonization of toxic black mold in showers sinks and water drinking faucets toilets and ventilation systems in addition to mold on the food such as bread given daily to inmates/prisoners Toxic mold passes spores which are carried in air currents these spores are toxic once inhaled and ingested or touched poisoning is then endured the facility does not have the appropriate level of healthcare available to test and diagnose black mold poisoning

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

Emotional, physical and mental agony as well as long term effects to health

5. Administrative Remedies:

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- b. Did you submit a request for administrative relief on Count I? ☐ Yes ☒ No
- c. Did you appeal your request for relief on Count I to the highest level? ☐ Yes ☒ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. Staff failed to know black mold as a serious concern

COUNT II

1. State the constitutional or other federal civil right that was violated: 1997 g, Title 42
priorities for use of funds

2. **Count II.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

- | | | | |
|--|---|---|---------------------------------------|
| <input checked="" type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

MCSD & appropriate authorities have not
made correct use of funds according
to 1997g to fix such unconstitutional
or illegal conditions which exist

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

Having to continue living in unconstitutional
conditions

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Count II? ☐ Yes ☒ No
- Did you appeal your request for relief on Count II to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. Staff retaliation against serious
concerns

COUNT III

1. State the constitutional or other federal civil right that was violated: 1997 Title 42
respecting standards of care

2. **Count III.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

- | | | | |
|--|---|---|---------------------------------------|
| <input checked="" type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Count III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

The standards of care are not up to the
correct standards due to being sick
because of the black mold due to
extended exposure in Estrella Detention center

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

long term health injury due to the mold
poisoning

5. **Administrative Remedies.**

- | | | |
|--|---|--|
| 1. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Did you submit a request for administrative relief on Count III? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Did you appeal your request for relief on Count III to the highest level? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. <u>Due to retaliation of inmates</u> | | |

If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:

Relief being sought for injuries being done
due to the plaintiff while being housed
in Estrella Detention center in complete violation
of plaintiff's 8th & 14th amendments rights along
with complete negligence & long term effects
seeking \$75,000 in monetary damages in
conditions

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

11-17-2023

DATE

Marie A. Sesoba
SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.

**MARICOPA COUNTY SHERIFF'S OFFICE
INMATE LEGAL SERVICES**

CERTIFICATION

I hereby certify that on this date NOV 29 2023

In accordance with the instruction received from the inmate and the rules of this Court, I mailed the original and two (2) copies to the Clerk of the United States District Court, District of Arizona.

I further certify that copies of the original have been forwarded to:

___ Hon _____ United States District Court, District of Arizona.

___ Hon _____ United States District Court, District of Arizona.

___ Attorney General, State of Arizona, _____


___ Judge _____ Superior Court, Maricopa County, State of Arizona.

___ County Attorney, Maricopa County, State of Arizona _____

___ Public Defender, Maricopa County, State of Arizona _____

___ Attorney _____

___ Other _____



Legal Support Specialist Signature

INMATE LEGAL SERVICES
Maricopa County Sheriff's Office
3250 W. Lower Buckeye Rd.
Phoenix, AZ 85009